



Account Change Form

Account # _____

I/We authorize the credit union to make and accept the following changes to my/our accounts:

Type of Change:

- Add Account/Service.** Add the account/service designated on the account named above.
- Terminate Account/Service.** Terminate the account/service designated.
- Add Account Owner.** Add the following account owner on the account named above
- Remove Account Owner.** Remove Account owner on the account named above
- Name Change** Primary Joint Changed From: _____

Ownership

Member/Owner _____ SSN/TIN _____
 Mailing Address _____
 City/State/Zip _____
 Permanent Address _____
 City/State/Zip _____
 Email _____ Mother's Maiden Name _____
 DOB _____ ID Type _____ ID Number _____
 Employer _____ Occupation _____
 Employment Duration _____ Yr(s) _____ Mth(s) Work Phone _____
 Home Phone _____ Cell Phone _____

Joint Owner _____ SSN/TIN _____
 Permanent Address _____
 City/State/Zip _____
 Email _____ Mother's Maiden Name _____
 DOB _____ ID Type _____ ID Number _____
 Employer _____ Occupation _____
 Employment Duration _____ Yr(s) _____ Mth(s) Work Phone _____
 Home Phone _____ Cell Phone _____

Joint Owner _____ SSN/TIN _____
 Permanent Address _____
 City/State/Zip _____
 Email _____ Mother's Maiden Name _____
 DOB _____ ID Type _____ ID Number _____
 Employer _____ Occupation _____
 Employment Duration _____ Yr(s) _____ Mth(s) Work Phone _____
 Home Phone _____ Cell Phone _____

Agent. Replace Add Remove

The following Agent _____ SSN/TIN _____
 Permanent Address _____
 City/State/Zip _____
 Email _____ Mother's Maiden Name _____
 DOB _____ ID Type _____ ID Number _____
 Home Phone _____ Cell Phone _____

Remove Account Owner. Remove the following account owner from the account designated above:
 If required by the Credit Union, removal of a Multiple Party Account Owner requires consent of all account owners, and we will hold Credit Union harmless for actions regarding account access. The removed account owner



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relinquishes ownership interest including any membership share in the account set forth above. This relinquishment doesn't not affect my/our obligation on any loan account(s).

New Account Designations

Change POD/Trust Account Beneficiary. Replace Add Remove
the following Agent _____ SSN _____ DOB _____

Beneficiary/POD Payee	Beneficiary/POD Payee
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
SSN _____ DOB _____	SSN _____ DOB _____

An Additional Account Designations form was completed.

Account Types

<input type="checkbox"/> Share Savings	<input type="checkbox"/> Share Certificate term: _____ months	<input type="checkbox"/> Other _____
<input type="checkbox"/> Share Draft	<input type="checkbox"/> Money Market	<input type="checkbox"/> Other _____

Account Services

<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> ATM/Debit Card Style: _____
<input type="checkbox"/> PC Access/Internet Banking	<input type="checkbox"/> Audio Response/Phone Access _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Overdraft Protection (indicate transfer priority below)	
(1) _____	(2) _____
(3) _____	(4) _____

I/We authorize the credit union to obtain credit reports, inquire on previous account history, and verify and record information to validate identity, as it may be deemed necessary to establish accounts and loans.

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein, I/We acknowledge receipt of the Electronic Funds Transfer Agreement.

On Tap Credit Union™ has my permission to communicate with me via electronic message (e-mail) for promotional and other newsworthy purposes.

I Agree This permission is revoked.

On Tap Credit Union™ has my permission to send me electronic documents, including disclosure statements.

I Agree This permission is revoked.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date